

Consent for a Non-paid On-the-Job Evaluation or On-the-Job Training Placement

| ☐ Learn about the job and the business or agency. (Exploration) | |
|---|-------------|
| ☐ Learn about your interests, skills, and abilities. (Assessment) | |
| ☐ Learn how to perform the job. (Training) | |
| Will I be paid? No. | |
| You will not be paid and you cannot work in this placement more than — | |
| ☐ 5 hours in Exploration. | |
| 90 hours in Assessment. | |
| ☐ 120 hours in Training. | |
| As long as you are in this non-paid placement, you are — Not an employee of the State of Nebraska or the placement site. Not covered by Worker's Compensation by either the State of Nebraska or the placement site. Not eligible for Unemployment Insurance from the State of Nebraska or the placement site. Not entitled to vacation, sick leave or other benefits from the State of Nebraska or the placement entitled to a job when this placement ends. I agree to take part in this placement according to the terms and conditions identification. | ement site. |
| X | |
| Individual Parent, guardian, or representative Nebraska VR Repres | sentative |
| Date Date Date | |
| Name of placement site Address City | |